Farm Produce Insurance Authority
PO Box 30017 - 525 W. Allegan Street
Lansing, MI 48909
Phone: (517) 241- 2865
FAX: (517) 241-4217

STATEMENT OF PROOF OF LOSS

Grain Dealer: _____

I, _____

                    Print name clearly

state that the following statements are true and complete to the best of my knowledge.

1.   I am: *(please check one)*

       the owner   an officer   a partner   an agent _____

       hereinafter "Claimant":

       Claimant's Name: *(please print)* _____

       Claimant's Address: _____

       Claimant's City _____ State _____ ZIP Code _____

       Claimant's Telephone Number: *(including area code)* _____

       Claimant's Social Security Number _____-____-_____
       or Federal Tax I.D. Number: _____

I am filing with the Farm Produce Insurance Authority this statement of Proof of Loss. I have full personal knowledge of facts and matters set forth in this statement of Proof of Loss and all of the same are true.

2.   The Claimant is entitled to and hereby claims the following for farm produce stored or sold by the Licensee.

A. WAREHOUSE RECEIPT & GRAIN BANK

Date of Delivery	Warehouse Receipt No.	Settlement or Scale Ticket Number	Type of Grain	Total () Bushels/ cwt	Comment

B. PRICE LATER AGREEMENTS

Date of Delivery	Price Later Agreement No.	Type of Farm Produce	Net Bushels/ cwt	Scale Ticket Number	Comment

C. SOLD FARM PRODUCE

Net Bushels/ cwt	Date Issued	Settlement Sheet or Ticket No.	Type of Farm Produce	Amount of Check
			TOTAL	

D. AMOUNT YOU OWE GRAIN DEALER:	$

3.   Claimant has not received the above claimed farm produce nor been paid for the above claimed amount and demand was made this day upon the Licensee for the above amount by filing of this claim and such demand was denied.

4.   Claimant hereby demands payment for the above claimed farm produce.

5.   I have attached copies of all pertinent evidence which I have, and such evidence is incorporated into this document.

6.   Is there a lien on this farm produce? _____ If so, please state name and address of lien-holder:

    _____

    _____

    _____

    _____

Date:_____ Signed: _____

AGENCY USE ONLY
The total amount due Claimant is:

A. Warehouse Receipt	$
B. Price Later Agreement	$
C. Sold Farm Produce	$
TOTAL	$